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Chapter 6

Subjective memory problems and people's need for education and intervention

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ABSTRACT

Elderly people's worries about their memory are mainly caused by a lack of clear and structured information. In this study information was gathered about people with and without complaints and/or worries about their memory in order to be able to develop and implement health education activities in this field. A surprisingly high number of people aged 25–35 years indicated that they were forgetful (29.6%). This group ascribed their forgetfulness to stress, a lack of interest, and poor concentration. Older people more often mentioned their age as a causative factor. People who used psycho-active medication and people with a demented close relative indicated they were forgetful more often than other people. Only 11% of all people describing themselves as forgetful showed interest in treatment or information. Emphasis in future research will be on psycho-social determinants of cognitive aging and the possible role of the general practitioner in health education activities.

INTRODUCTION

Recent research indicates that a lot of people, especially the elderly, are worried about their diminishing memory and/or about incipient dementia (Commissaris, 1993; Commissaris, Verhey, Ponds, Jolles, & Kok, 1994). However, earlier research shows that most people's concern about dementia is unsubstantiated (Ponds, Bruning, & Jolles, 1992). People's perceived memory self-efficacy appears to play an important role in their worries (Dixon, Hultsch, & Herzog, 1988). Information about memory complaints and about the differences between normal forgetfulness and dementia could therefore make an important contribution to reducing the number of people who worry unnecessarily.

In order to be able to develop, to implement, and to evaluate health education activities in the field of dementia and forgetfulness, informa-

tion about the target group and careful planning are indispensable (Green & Kreuter, 1991). What are the main characteristics of the people who worry? To which causes do people ascribe their forgetfulness? Are there differences due to sex, age, and level of education? What is the impact of psychoactive medication on people's memory complaints? How much effort are people willing to make to do something about their forgetfulness: are they willing to seek professional help, are they interested in taking medication, and do they want information or a memory training? The present study tries to answer these questions by analyzing data that were obtained in the postal survey of MAAS panel A₁. Emphasis is on people's need for treatment and information and on problems related to subjective memory problems. The results will be used to develop a health policy for future interventions and health education activities.

METHODS

A total of 2,043 subjects aged 24 through 86 filled in the MAAS-A₁ postal questionnaire (see Section 4.1 for a more detailed description). Relevant questions which were analysed in the present study are the following: (1) "Do you consider yourself as being forgetful?" (yes/no); (2) "Does dementia (or severe memory problems) occur among one of your relatives?" (yes, who/no); (3) "To what extent do you experience hindrance from your forgetfulness in daily life?" (a five-point scale ranging from: 1- no hindrance to 5- a lot of hindrance); (4) "How much do you worry about your forgetfulness?" (a five-point scale ranging from: 1- no worries at all to 5- a lot of worries); (5) "What are –to your own opinion– the main causes of your forgetfulness?" (multiple choice from ten alternatives); (6) "Have you ever considered getting treatment for your memory complaints or getting information?" (yes/no); (7) "If yes, what 'intervention(s)' would have your preference?" (multiple choice from seven alternatives); (8) "Are you interested in participation in a treatment with medication that might improve your memory?" (yes/no); (9) "Which medication do or did you use now or in the past for a period of at least two months?" (multiple choice).

RESULTS

Demographic characteristics

The average age of the 2,043 respondents was 53.7 years, varying from 24 to 88 years. A total number of 915 men (45%) and 1,128 (55%) women participated in this postal survey. The level of education of the respondents was divided as follows: primary (45%), secondary (35%), and higher education (20%). More than 25% of the respondents had a

close relative who suffers or has suffered from dementia (or severe memory problems).

Forgetfulness: worry and hindrance

Of the 1,986 people who answered the question about forgetfulness, 779 people (39.2%) considered themselves as being forgetful. Four different age groups were defined, namely 25–35 years, 40–50 years, 55–65 years, and 70–85 years. Each group consisted of approximately the same number of people. In the youngest age group, 29.6% of the 480 people considered themselves as being forgetful. This is a surprisingly high number. This percentage increased further with age: 34.2% in the group 40–50 years, 41.5% among people aged 55–65, and 52% in the age-group 70–85 years.

Of the people aged 25–35 years, 17% experienced (very) much hindrance from their forgetfulness. This percentage was relatively high in comparison with the percentage of 22.7 within the group of people aged 70–85 years. More than 47% of the young people were worried to some extent about their forgetfulness. The percentage of worried people in the three oldest groups was only slightly different, namely 62.2%, 64.4%, and 61.5%, respectively.

There was a strong positive correlation between hindrance in daily life and worries ($r=.54$; $p<.001$). A significant correlation also existed between worries and age, although this correlation was very weak. No differences were found between men and women. Furthermore, it appears that people with a close relative who has or had dementia reported being forgetful more often than people without a demented relative ($\chi^2=14.0$, $df=1$, $p<.001$). However, they were not more worried about their forgetfulness than people without a relative with a dementia syndrome.

Causes of forgetfulness

The respondents who considered themselves forgetful were asked to indicate the cause(s) of their forgetfulness and also to indicate the importance of this cause. The answers were structured beforehand. We were only interested in the two most important causes people mentioned. More than 27% had no idea about the possible causes. The older people were, the more often they ascribed their forgetfulness to their age. People who were younger ascribed their forgetfulness more often to tension and emotional problems, to poor concentration, to a lack of interest, and to insufficient mental exercise. However, already within the age group of 40–50 years there was a relatively high percentage of people (35%) who ascribed their forgetfulness to their age. On the other hand, a relatively high percentage of people in the two oldest age groups ascribed their forgetfulness to tension and emotional problems (34% and 20%). The

average number of causes that people mentioned differed per age group: 2.2 (25–35 years), 2.8 (40–50 years), 3.5 (55–65 years), and 1.8 (70–85 years). Women ascribed their forgetfulness more often to tension and emotional problems than men did. Regarding other causes, no differences between men and women were found, nor between people with a high and a low LOA-score (see Section 5.1 for a description of LOA). People who ascribed their forgetfulness to tension and emotional problems, to a disease or an accident, to mental retardation or to narcosis were more worried than people who did not ascribe their forgetfulness to these causes.

Medication

People were asked to indicate the medication they use or had used in the past for a period of at least two months. We were especially interested in the type of medication with a negative influence on the functioning of memory. For this purpose all subjects were screened for present or past use of medication with sedative effects on the central nervous system. In the Netherlands these drugs are known for their ‘yellow sticker’ on the packaging to warn people about behavioural side-effects. Of all subjects, 10.8% (had) used medication of this type. People who had used or who still used this type of medication considered themselves forgetful more often than people who did not use these agents ($\chi^2=8.6$, $df=1$, $p<.001$).

Need for treatment or information

Eighty-seven out of 779 people who described themselves as being forgetful (11.2%) had considered looking for a treatment for, or to gather information about their memory complaints. No differences were found with regard to age, sex, LOA, or the occurrence of dementia in a close relative. Most people who considered themselves forgetful did not have any need for treatment or information. People who had a need for information or for a treatment were more worried about their forgetfulness ($t=7.9$, $p<.001$) and experienced more hindrance ($t=5.8$, $p<.001$) than the group without this need. They are also more interested in participation in a treatment programme with medication ($\chi^2=21.3$, $df=1$, $p<.001$). The different needs and interests that people could indicate, were prestructured and people were also asked to rank these needs (Table 6.1).

A course or training and education were most often mentioned as an important possible intervention. Consultation of a general practitioner or a specialist and medication were also mentioned frequently. The characteristics of the people with and without a need for information or treatment were then investigated. The correlations that were found were significant, but not very strong. People who wanted a course or training

Table 6.1.

Need for treatment and information in percentages, among people who consider themselves as being forgetful ($n=87$). Between brackets the percentage of people who mentioned this intervention as number one or two.

Education (e.g., brochure, information meeting)	73.6	(63.2)
Course or training	65.5	(55.2)
Consult a general practitioner or a specialist	50.6	(32.2)
Medication prescribed by a physician	43.7	(19.5)
Free available medication	25.3	(12.6)
Alternative medication	24.1	(9.2)
Other	4.6	(3.4)

were less concerned about their memory ($t=2.5$, $p<.05$) and experienced less hindrance from their forgetfulness in daily life than the people who did not want such a course or training ($t=2.8$, $p<.01$). The group of people who preferred to consult their general practitioner or a specialist was characterized by more subjective hindrance ($t=2.4$, $p<.05$). Almost a quarter of all people who wanted treatment or who had a need for information were interested in treatment with medication prescribed by a physician or medication that is freely available. No differences were found between the group that was interested in medication and the group without this interest.

Of the group of 79 people who were very worried about their forgetfulness (and answered the question about need for information or treatment positively), 46 people (58%) never considered any treatment or information. However, 80% was willing to participate in a treatment programme with memory enhancing medication. No differences were found between people who were very worried and who did consider a treatment or gathering information and the group of people who were very worried and never considered information or treatment.

Treatment with medication

All people who considered themselves as being forgetful were asked the following question: "Are you interested in participation in a treatment programme with medication that might improve your memory?" This question was answered by 748 of all 779 subjects who considered themselves forgetful. Forty-eight percent of these people were interested in a treatment programme with medication. These people were more worried about their forgetfulness than people who were not interested in such treatment ($t=9.0$, $p<.001$). They also experienced more hindrance in daily life ($t=6.5$, $p<.01$) and they tended to be older ($t=2.9$, $p<.01$). Furthermore, it appeared that male respondents showed more interest than female respondents ($\chi^2=12.7$, $df=1$, $p<.001$). Finally, the results indicated that people who have or had a father or a mother with a dementia syndrome were more inclined to participate than people without a demented parent.

DISCUSSION

From this study it appears that a relatively high percentage of younger people were worried about their forgetfulness and also experienced hindrance from this in daily life. They ascribed their forgetfulness more to 'non-organic' causes, especially emotional problems, poor concentration, and lack of interest. Older people more often indicated 'organic' causes, age, mental retardation, medication, and to anaesthesia as being responsible for their forgetfulness. Hardly any differences were found between men and women and people with a high and a low level of education. The use of psychoactive medication was also related to people's memory complaints. This information should be taken into account in the planning of health education activities.

Most people who considered themselves forgetful were interested in training and education as a possible intervention to decrease their worries or to improve the functioning of their memory in daily life. People who experienced more hindrance and who had more worries were more interested in a treatment with medication to influence their memory. Special attention should be paid to the group of people with a demented relative, as these people are mainly worried about hereditary defects.

Future research will be based on the results of this study. Emphasis will be on the psycho-social determinants of cognitive aging, the role of medication, and the possible contribution of the general practitioner in health education activities.

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